

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL063024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/04/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>CAROLINA HOUSE OF PINEHURST</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>17 REGIONAL DRIVE PINEHURST, NC 28374</b>		
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C 000	Initial Comments  Report of a Biennial Construction Survey by Ed Miller and Frank Strickland on February 4, 2015.  Records indicate this facility was first licensed or submitted as a Home for the Aged serving 76 residents, 19 of which reside in the special care unit, on 2/16/1998. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for Licensing of Adult Care Homes, and, the 1996 (1998 Revision) North Carolina State Building Code(s), Section 409 - Institutional Occupancy.  Physical plant deficiencies were noted which require a plan of correction.	C 000		
C 164	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to, dirty/clogged building components and equipment in disrepair. Findings: on February 4, 2015: a. The return HVAC grilles, and their radiation dampers have an excessive accumulation of dust/lint in the following locations to include but	C 164		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 164	Continued From page 1  not limited to: i. Dining Room Preparation area, ii. 300 Hall Lounge	C 164		
C 188	Electrical Outlets in Wet Locations  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.  This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to maintain in a safe manner, the electrical power receptacles near wet areas. This would affect all residents, staff and visitors by not providing ground fault protection to these devices. Findings on February 4, 2015: a. The electrical power receptacles that are within six feet of wet areas did not have ground fault protection at the following locations to include but not limited to: i. Dining Prep Area wet bar.	C 188		
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	C 189		

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C 189	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on February 4, 2015:</p> <p>a. 100 Hall Lounge, Porch's only door was equipped with a barrel bolt on the inside, Deficiency corrected before Construction Surveys departed the site.</p> <p>2. Based on observations, the Building was not maintained in a safe and operating condition, because of obstructed fire sprinkler heads. This could affect all residents, staff and visitors if fire is not contained in Room or compartment of origin. Findings on February 4, 2015:</p> <p>a. The pendant style fire sprinkler head, in the 200 Hall Storage Room, discharge pattern was disrupted with large boxes placed against it.</p> <p>3. Based on observation, the Building was not maintained in a safe and operating condition, because the exit sign, did not work or relay directional information properly. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during and emergency. Findings on February 4, 2015:</p> <p>a. The exit sign did not work on backup power when the test button was pushed at the following locations to include but not limited to:</p> <p>i. Exit near Bedroom 111,</p> <p>ii. Exit near Bedroom 141.</p> <p>b. Some exit signs have inappropriate chevrons graphics that misrepresent the way out of the building during an emergency at the following</p>	C 189		

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C 189	<p>Continued From page 3</p> <p>locations to include but not limited to:</p> <p>i. Corridor intersection near 200 Hall Lounge Deficiency corrected before Construction Surveys departed the site.</p> <p>ii. Exit through Smoke Barrier Wall near Bedroom 303 directed you left, Deficiency corrected before Construction Surveys departed the site.</p> <p>iii.Exit near Bedroom 409 direct you left,</p> <p>4. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated safely. This would affect all staff, by allowing unsafe conditions to persist. Findings on February 4, 2015:</p> <p>a. Many items are being stored directly in front of the electric panels, encroaching upon the required clear working space at the following locations to include but not limited to:</p> <p>i. Housekeep Closet on the "200 Hall,"</p> <p>ii. Time Clock Room.</p> <p>5. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to door leafs not fitting into their frames with acceptable gaps under normal closing force. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on February 4, 2015:</p> <p>a. Time Clock Room had a gap ranging from 0 to 1/4 inch between the top edge of the door and the bottom of the doorframe's stop,</p> <p>b. Laundry Room Corridor door had a gap ranging from 0 to 1/4 inch between the top edge of the door and the bottom of the doorframe's stop.</p>	C 189		

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C 189	<p>Continued From page 4</p> <p>6. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. Findings on February 4, 2015:</p> <ul style="list-style-type: none"> <li>a. The Kitchen Office door rubs the floor and will not close,</li> <li>b. The Kitchen Office doorframe was broken loose from the wall,</li> <li>c. The Laundry room doorframe was loose from the wall,</li> <li>d. The Health and Wellness Director Office door rubs the floor and will not close.</li> </ul> <p>7. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on February 4, 2015:</p> <ul style="list-style-type: none"> <li>a. Sprinkler Riser Room had gaps around cables and hood suppression system conduits through the ceiling assembly,</li> <li>b. 300 Hall Security Office had gaps around cables through ceiling the assembly,</li> <li>c. Storage room across from Bedroom 405 had gaps around cables through ceiling the assembly,</li> <li>d. A leak had deteriorated the ceiling assembly, (tape and joint compound coming apart), about the vending machines,</li> <li>e. The Exit sign to the SCU did not completely cover the opening through the ceiling.</li> </ul>	C 189		

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C 189	<p>Continued From page 5</p> <p>8. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components are felling to function as original intended. This could affect all residents, staff and visitors if insects, vermin or weather can enter the building or a component does not work Findings on February 4 2015:</p> <p>a. The Kitchen exterior door had a ½ inch gap between the threshold and the bottom of the door sweep,</p> <p>b. The Time Clock Room exterior door had a 3/4 inch gap between the threshold and the bottom of the door,</p> <p>c. The lower half of the Time Clock Room exterior door was delaminating/rotting.</p> <p>d. The Exit door near Bedroom 403 had a 1 inch gap between the threshold and the bottom of the door.</p> <p>9. Based on observation, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power outages and there was no other illumination. Findings on February 4 2015:</p> <p>a. The wall-mounted self-contained emergency light did not work on backup power when the test button was pushed at the following locations to include but not limited to:</p> <p>i. Time Clock Room,</p> <p>b. There was no emergency lighting provided at the following locations to include but not limited to:</p> <p>i. Vestibule to Exit near Bedroom 403,</p> <p>ii. Vestibule to Exit near Bedroom 412,</p> <p>10. Based on observation, the Building was not maintained in a safe and operating condition,</p>	C 189		

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C 189	Continued From page 6  because by not having properly working delayed egress system. This could affect all residents, staff and visitors by potentially delaying exiting in an emergency for more than an acceptable time. Findings on February 4 2015: a. The delayed egress doors did not have the required signage saying "PUSH UNTIL ALARM SOUND, DOOR CAN BE OPENED IN 15 SECONDS." at the following locations to include but not limited to: i. Exit near Bedroom 403, ii. Exit near Bedroom 412.  11. Based on Observation, the Building was not maintained in a safe and operating condition, because, some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on February 4 2015: a. Kitchen door to SCU was blocked open with an active electrical power cord. b. Health and Wellness Director Office was being held open with mechanical "kick-downs."	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited.	C 191		

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C 191	Continued From page 7  (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This could affect all residents, staff and visitors if heater were the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on February 4, 2015: a. A portable electric heater was found in the Sales Managers Office.	C 191		
C 193	Ovens, Ranges in Activity or Res. Rooms  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff. (5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by:	C 193		



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C 193	Continued From page 8  1. Based on Observation, the facility failed to provide an environment in accordance with Rule by not providing proper control over the range. This could affect all residents, staff and visitors as the powered unit could burn someone or ignite nearby combustible material. Findings on February 4, 2015: a. The range in the 200 Hall Lounge was powered up and staff was unaware of this and were not in the room to supervise. The power switch was located in an upper cabinet that was not locked.	C 193		
C 199	Exhaust Ventilation  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not maintaining the ventilation equipment/components good working order. This could affect all residents, staff and visitors by	C 199		

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C 199	<p>Continued From page 9</p> <p>subjecting them to odors not being removed and in the event of a fire the dampers does not close completely to contain the fire within the room of origin.</p> <p>Findings on February 4, 2015:</p> <p>a. The spot exhaust fan and their radiation dampers have an excessive accumulation of dust/lint in the following locations to include but not limited to:</p> <p>i. Bedroom Suite 107,</p> <p>ii. Resident Laundry on 100 Hall,</p> <p>iii. Mop Sink Room on 100 Hall,</p> <p>iv. Kitchen Housekeeping Closet,</p> <p>v. Bio Hazards Room.</p> <p>2. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not having ventilation in areas where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors.</p> <p>Findings on February 4, 2015:</p> <p>a. There was no ventilation to the following locations to include but not limited to:</p> <p>i. Housekeeping Closet on 200 Hall,</p> <p>ii. SCU Hopper Sink Room.</p>	C 199		